

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/522717

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2				1			
3					1		
4					1		
5					1		
6			1				
7				1			
8					1		
9					1		
10					1		
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49							
50							
TOTAL IND.			3				
TOTAL DEP.			26				
TOTAL CLAIMS			29				

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
52				
53				
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				